

12/26/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

FEE: 35 + 1 acre 17787 | APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM | add'l consultation 10.00 1793 2/3/97 | Consultation

DATE: 1/13/97

TYPE APPLICATION: ___ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 1701B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 105-153-33

STREET ADDRESS: off Briar Hollow Dr.

SUBDIVISION OR MOBILE HOME PARK NAME: Preston Forest

LOT NUMBER:

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: | NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

2nd site consultation mailed 2-11-97

CLOSING DATE 2/2/97

Consultation Visit mailed 1-29-97

called Doug Starnes 1-30-97

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION: N.A. Mobile

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES __ NO TYPE: _____

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
✓ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	__ YES ✓ NO	WELL, SPRINGS OR WATERLINES	__ YES ✓ NO
EXISTING WASTEWATER SYSTEMS	__ YES ✓ NO	DESIGNATED WETLANDS	__ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES ✓ NO		

PROPERTY OWNER:

NAME: Coleman WARREN P
(LAST) (FIRST) (MI)

ADDRESS: P.O. Box 625

CITY: Vale STATE: N.C. ZIP: 28691

DAYTIME PHONE: (704) 963 - 4859

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: STARNES William D
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 597 - 7744

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Doug Starnes DATE: 1/13/97

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

TP# 105-153-33

17 01 B

PG. 16

#3001

#2802

CENTER DR.

#3002

ROCKY

#3004 WHISPERING OAKS RD.

RIVER RD.

20' ESMT.

17 | 16 | 15 | 14 | 20 | 23 | 7 | 21 | 5 | 19 | 1 | 18

7.402 AC

2.155 AC

3.96 AC.

3.96 AC.

27
7.893 AC.

30
44.2 AC±P

33
20. AC.

153

32
3 AC.

31
40.96 AC.

BIRCH HOLLOW DR.

COLEMAN DR.

PG. 24

PG. 26

PG. 14

TAX LINE MAP	BOOK 105 PAGE 15
MECKLENBURG COUNTY, NORTH CAROLINA	
REVISED 12-13-90	SCALE 1" = 400'

FOR TAX PURPOSES ONLY

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1701B

TC: 105-153-33

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

SEE Attached

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

FROM

P 1 of 1

FAX

Health Dept of Nelsonburg 1/13/97

Company

(914) 336-6894

1 FAX Cover

Warren Coleman for Doug Starns

Septic Tank Inspection

Perk test on Tract 105-153-37

Att: Mrs Whitaker

Warren Coleman gives Health Dept

Permission to Perk this land

Thank you

Fax sent to Health Dept